LINKING COMPLEX EMERGENCY RESPONSE AND TRANSITION INITIATIVE

CERTI Crisis and Transition Tool Kit

Demobilization and its Implications for HIV/AIDS

Background Paper

Manuel Carballo
Carolyn Mansfield
Michaela Prokop
International Centre for Health and Migration (ICMH)

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PREFACE

This report was prepared at the request, and with the support of, the USAID Office of Transition Initiatives (OTI) in Washington. Funding for the project came through the USAID-funded CERTI project that brings together a consortium of universities (Tulane, Harvard, JHU, George Washington) and ICMH, and which is managed by Tulane University.

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EXECUTIVE SUMMARY

Demobilization exercises are being implemented with increasing frequency worldwide. Traditionally demobilization of military personnel has followed the signature of peace accords to facilitate the transition from war to peace and to preserve national and international security. Encouraged by international financial organizations, many countries are also restructuring their public expenditure, reducing military budget allocations and downsizing military personnel to shift scarce resources to, for instance, poverty reduction.

Planning and executing the demobilization of combatants requires careful consideration of *who* will be demobilized; *what* responsibilities will be assumed by national and international agencies; *how* the combatants will be informed, disarmed, discharged, and reinserted into civil society; and *which* benefits and services will be offered to them in the short and long term.

Sub-Saharan Africa (SSA) has been particularly hard hit by conflicts, causing massive destruction, death and displacement of people. To ensure the success of the transition from war to peace, many countries have implemented demobilization and reintegration programs for ex-combatants. In addition to the implementation of peace agreements containing provisions for the demilitarization/disarmament of armed opposition groups as well as armed forces, international donor institutions and structural adjustment programs increasingly call for reductions in defense spending and phased demobilization of the military.

With very high HIV rates among some militaries, the implications of large-scale discharges are enormous. Demobilization in SSA countries must therefore be viewed in the context of repeated political instability, economic crisis and the AIDS epidemic. It cannot be viewed simply as a means to collect weapons from former combatants, rather it must be seen as a tool for improving the health and economic potential of individuals.

To date, commitment to demobilization has been primarily motivated by security concerns. HIV/AIDS has only recently been recognized as a security issue and prevention programs have been neglected in demobilization efforts and reintegration programs. However, considering the nature and scope of the HIV/AIDS challenge to human security there is a tremendous need and urgency to better integrate demobilization and HIV/AIDS prevention activities.

The multi-phase nature of demobilization and reintegration activities presents many opportunities for the inclusion of HIV/AIDS prevention initiatives and for providing or planning for care and treatment of people already affected. Many organizations, both national and international, involved in the sponsoring and implementation of demobilization programs are also dealing with HIV/AIDS prevention and care, yet few attempts have been made either within and/or between the organizations to rationalize their initiatives and to create coherent and mutually supportive approaches.

Although incorporating HIV/AIDS prevention and mitigation into demobilization exercises is crucial, it is not sufficient. Given the high risk of infection for active

military members, HIV/AIDS interventions cannot be a "one-shot deal", programs need to address the factors aggravating the spread of the HIV virus, counter the long-term impact of the epidemic, the reductions in the standard of living and include poverty alleviation programs as well as efforts to rebuild and improve the public health system. Strategies for reducing infection rates in militaries should be promoted, including education, condom promotion, voluntary testing, counseling, and medical care and should target all populations groups affected by the demobilization exercises, including female and child combatants, families of combatants and communities of return. Targeting irregular (non-government, or militia) forces poses particular challenges as they may be more difficult to reach, may lack clear command structures or have little motivation to participate in prevention activities. For the success of HIV/AIDS programs, a participatory approach engaging ex-combatants, and communities of return in the planning and implementation of activities is of paramount importance.

PART ONE

DEMOBILIZATION AND THE HIV/AIDS CHALLENGE- DEFINITIONS, TRENDS AND ACTORS

" . . . nowhere else has AIDS yet become a threat to economic social and political stability on the scale that it now is in southern and eastern Africa. The impact of AIDS in that region is no less destructive than that of warfare itself. Indeed, by some measures it is far worse. Last year, AIDS killed about ten times more people in Africa than did armed conflict."[1]

"The problem of AIDS has taken alarming proportions. It should be one of the prime concerns for those managing reintegration programs. National awareness campaigns should be extended to ex-combatants and their families, and veterans could play an active role in these campaigns."[2]

1. OVERVIEW

1.1 Demobilization

The disarmament, demobilization and reinsertion (DDR) into civil society of troops who are no longer considered essential to national security has followed many conflicts throughout history. Contemporary Sub-Saharan Africa is no exception to this pattern. A number of countries have been, or are currently engaged in, downsizing their military and demobilizing troops, or demobilizing former irregular combatants in post-conflict periods. Other countries are likely to demobilize large numbers of military personnel in the future.

Some countries have engaged in demobilization of their own volition. Others have been encouraged and supported in DDR efforts by international agencies as part of post-conflict reconstruction agreements, peace agreements, and attempts to re-vitalize national economic and social development.

Most DDR policies have referred to program benefits in terms of national security, the conversion of military resources to civilian use, the better use of human capital, and the promotion of better fiscal management. There is little evidence that health has been a major motivating factor or a key component of the DDR process.

[1] Kofi Annan, in address to Security Council Press Release SG/SM/7275 SC/6780, 6 January 2000

[2] Suggestion of the Workshop on Demobilisation and Reintegration in the Horn of Africa held in Addis Ababa 4-7 December 1994 by International Resource Group on Disarmament and Security in the Horn of Africa (IRG)

1.2 Motives for Demobilization - Promoting Security

Although many reasons have been promoted as justification for international donor support of DDR exercises, the primary motivation has been the preservation or reconstruction of local security - local security logically contributes to regional security, which in turn contributes to a more stable global environment, and thus benefits donors.

Security: The main force behind most demobilization initiatives has been the need to achieve and maintain national security. In some cases this has involved ensuring security by encouraging the peaceful co-existence of previously warring states and/or parties. In others it has meant correcting imbalances of power between civilian governments and national military forces. The benefits of demobilization have been used as an incentive for cease-fire agreements. From a traditional "security" perspective, demobilization is beneficial because it involves the collection of weapons and the "…reintegration of ex-combatants and others into productive society" as a central strategy of post-conflict peace building" (United Nations, 1998).

Political: DDR programs, in one form or another, have almost always been one of the conditions imposed by external parties and donors for post conflict economic support. Demobilization reduces military influence, improving the stability of civilian government by removing a potential threat to its authority. Demobilization is a way of ensuring respect for democratic principles and strengthening civil administration. As such it is seen as a way of building confidence in countries affected by conflict, both for residents and external actors. "Good governance" strategies, emphasizing democratic policies, balance of power, and rule of law align with general trends towards demobilization.

Economic: In developing countries, the military sector does not contribute significantly to the national economy, as there is little research and production of military technology. Additionally, the absence of soldiers from the labor market may have a cost in terms of long-term economic development (Kingma, 2000). The return of previously non-contributing individuals to the larger workforce is thus seen as a way of eventually strengthening the "productive" capacity of countries and a way of adding much needed tax revenues. Group security is predicated on the individual's security. To that end, demobilized soldiers are given skills training and employment opportunities to dissuade them from banditry. Improved economic structure may also reduce the likelihood of future conflict. [3]

Social: The social benefits of DDR programs can be organized with four themes: (a) the reinsertion of ex-combatants in ways that optimize the individual's human capital (knowledge and skills) accrued during military service; (b) the potentially improved education/training of ex-combatants as a resource for development; (c) the reunification of families and the restoration

[3] See, for example, Collier et al. "Economic Causes of Conflict and their Implications for Policy", World Bank, 2000.

of pre-conflict social norms; and (d) the reduction of social problems and violence in fragile post-conflict situations.

Fiscal. The liquidation and/or reallocation of military resources to civil society have also been seen as one of the important benefits of demobilization and downsizing. Especially in poor countries, one of the most heavily promoted benefits of demobilization has been its economic value and the notion that the cost savings associated with it would release resources to be reallocated to development programs.[4] It has also been presented as a way of converting scarce social capital into productive economic activity and allowing governments to realign their national budgets to meet the conditions of international donors and lending agencies.

Health. Although issues of immediate medical care for ex-combatants during demobilization have been addressed in most DDR exercises, the benefits of promoting and protecting health in general have rarely been addressed either as a goal or as an indirect result. Few DDR programs have referred to the possibility of using demobilization and reinsertion as a tool for health development. By the same token, few have taken into account the potentially adverse impact demobilization of combatants with health problems can have on the health of the larger community. Because HIV/AIDS has been identified as a direct threat to security and stability in Sub Saharan Africa, including HIV/AIDS prevention will be increasingly included in security-promoting efforts.

1.3 Challenges

Economic and social. Despite its many obvious benefits, demobilization presents a number of challenges. The successful reinsertion of ex-combatants into civil society is a complex process. It requires that the needs and potential contributions of former combatants are coordinated with the community's needs and its capacity to economically and socially absorb demobilized personnel.

In poor countries this is rarely a simple matter. Local economies are often weak, unemployment is typically high in urban settings, and many of the infrastructures in place are often already overwhelmed. If not well managed, the introduction of ex-combatants can be a de-stabilizing force.

[4] Concerns have nevertheless been expressed that demobilization programs that rely heavily on cash payments to participants in unstable post-conflict economies can spur inflation (Colletta, cited in Kingma, 2000).

Political Re-Integration in El Salvador

75,000 people were killed during the 11year conflict in El Salvador. Following 1992 peace accords, 38,000 former combatants from both sides have been demobilized, as part of a general national demilitarization. Many civil re-integration programs were implemented, including:

- vocational training
- micro-enterprise and small business initiatives
- university scholarships.
- land transfer
- pension schemes

A crucial aspect of the demobilization/reintegration process was the transformation of the FMLN into a legal political party. Although the negotiations between the FMLN, the Government, and the UN Observer Mission were, at times, delayed or stalled, the negotiators recognized the importance of addressing all of the political, social, and economic issues contributing to peace and stability. The plan for demobilization, re-integration, and reconstruction that emerged from those talks was very detailed, with definite timelines and explicit implementation procedures. Still, international donor response was late and limited, and the delays in implementation of stated plans eroded confidence among ex-combatants. The continued availability of weapons contributed to some "recidivism" among demobilized combatants.

An estimated 11 percent of the ex-combatants in El Salvador are women. An evaluation of the re-integration programs offered found that women were unable to participate in training courses for want of child care arrangements, and their needs in health care and legal counseling were not met.

Sources: United Nations, "Workshop on Weapons Collection and Integration of Former Combatants into Civil Society: the Experiences of Columbia, El Salvador, Guatemala, Honduras, and Nicaragua". New York, 1999.
Spencer, Denise. "Demobilization and Re-integration in Central America", Bonn International Center for Conversion, 1997.

HIV/AIDS. Demobilization in the context of the HIV/AIDS pandemic presents unique challenges and opportunities. The fact that HIV/AIDS prevention and control is now being given such high importance by the international community and that demobilization as a tool for achieving security has been highlighted by international organizations and donors means that the time is right to bring these two themes together.

The rapidly spreading crisis of HIV/AIDS and recurrent conflicts/complex emergencies in Sub-Saharan Africa calls for a concerted effort to deal with both as an integrated problem. Unless they are both approached through coordinated efforts, there is a risk that the importance of HIV/AIDS prevention will not receive sufficient attention. In addition to the immediate threats to security presented by complex emergencies in this region, these crises may have a far more devastating long-term impact by creating social upheaval

which, in turn, increases the risk of HIV/AIDS. The cycle may be continued, if AIDS-related mortality creates social instability, which in turn leads to armed conflict - strategic intervention is critical.

The opportunities for reaching military personnel before and during their demobilization with information and education about HIV/AIDS prevention are unique. More pro-active strategies have not even been explored, such as training demobilized ex-combatants to serve as agents of change in their communities after completing training in HIV/AIDS prevention campaigns.

This paper will present an overview of the current state of demobilization undertakings, highlight the special risks for HIV/AIDS encountered during conflict and demobilization, and outline strategies for policy and programmatic intervention.

2. BACKGROUND

Over the course of the past fifty years, and especially the last two decades, Africa has experienced major turbulent social, political and economic changes. In the post-colonial period, Cold War alliances have dissolved, leaving hollowed-out economies and weak governmental institutions. In many parts of the region, Africans have seen their overall gross national product (GNP) and quality of life deteriorate dramatically - many of the achievements of the past fifty years are now eroding.

Of the many factors contributing to this deteriorating situation, two stand out as especially significant because of their pervasiveness and severity. The first is the continuing and possibly accelerating spread of HIV/AIDS. The other is the increasing frequency and scope of conflicts in the region and the associated investment made in the military (or paramilitary) sector.

Individually, each of these factors would constitute a serious threat to development. Taken together they constitute one of the most important threats to human and national security ever seen. Many of the national and international efforts underway to promote social, economic and health development in Africa are now focusing on (a) preventing and mitigating the impact of HIV/AIDS, (b) reducing the risk and impact of conflict, and (c) finding ways of ensuring sustainable reconstruction.

2.1 HIV/AIDS in Africa

Over the past two decades HIV/AIDS has spread unabated throughout Sub-Saharan Africa. It is now estimated that over 70% of all the world's HIV infections have occurred in this region. In most of the countries concerned, the social and economic safety nets available to the population are also among the most poorly developed.

Current estimates place the proportion of the adult populations infected with HIV at over 30% and the number of people living with AIDS in the region at over 24 million (UNAIDS). Growing AIDS –related mortality rates in the region reflect the devastating impact of the disease and since 1981 over 11 million

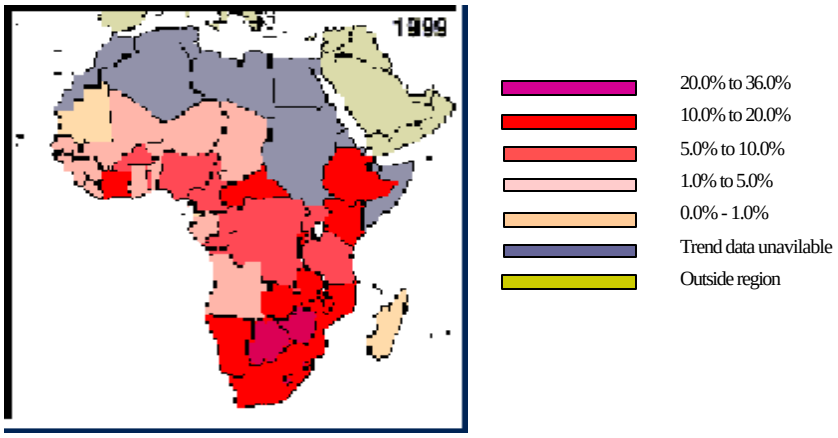
people are thought to have died, most of them at the height of their economically and socially productive careers (UNAIDS).

Spread of HIV in Sub-Saharan Africa,

1984 to 1999

Estimated percentage of adults

(15-49) infected with HIV



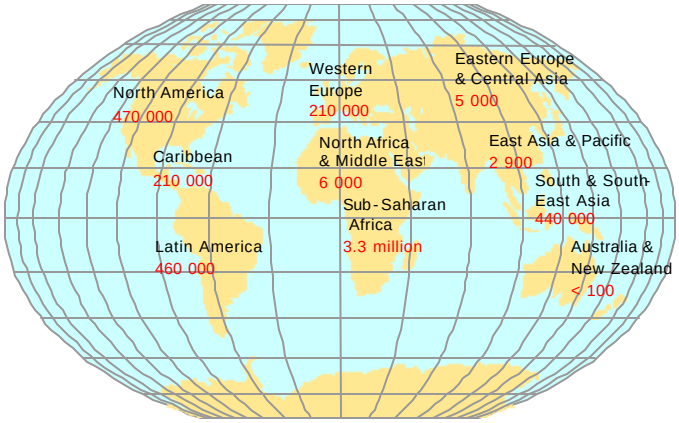
2.2 Impact of HIV/AIDS

The implications of the HIV/AIDS pandemic have touched all sectors of society. In Sub Saharan Africa, life expectancy at birth had risen to approximately 59 years in the early 1990s, but is now expected to drop to below 45 years between 2005 and 2010 as a result of AIDS. Barrett (2000) has calculated that by 1997, life expectancy in Zimbabwe was already 22 years lower than it would have been had there not been an AIDS pandemic. In Burkina Faso and Cote d'Ivoire it was estimated to be 11 years lower and in South Africa 7 years lower.

According to the UN, AIDS has already killed 11 million people in Sub Saharan Africa - 10 times as many people than the conflicts that have occurred in the region (UN Security Council, 2000). As a result of the continuing death toll, especially in adult populations of reproductive age, the number of children orphaned as a result of AIDS is expected to reach 40 millions over the next 5-10 years.

The human capital loss to the agricultural, industrial, educational, and health sectors has also been massive. In many countries social and economic development has been so severely set back that in countries such as Namibia the human development index ranking is expected to drop significantly. In the case of Namibia it will fall by a factor of 10% by 2006, and in South Africa it is predicted to fall by 15% by the year 2010 (UN Security Council, 2000).

Estimated adult and child deaths due to HIV/AIDS from the beginning of the epidemic to the end of 1999



Source: UNAIDS June 2000 Epidemic Update

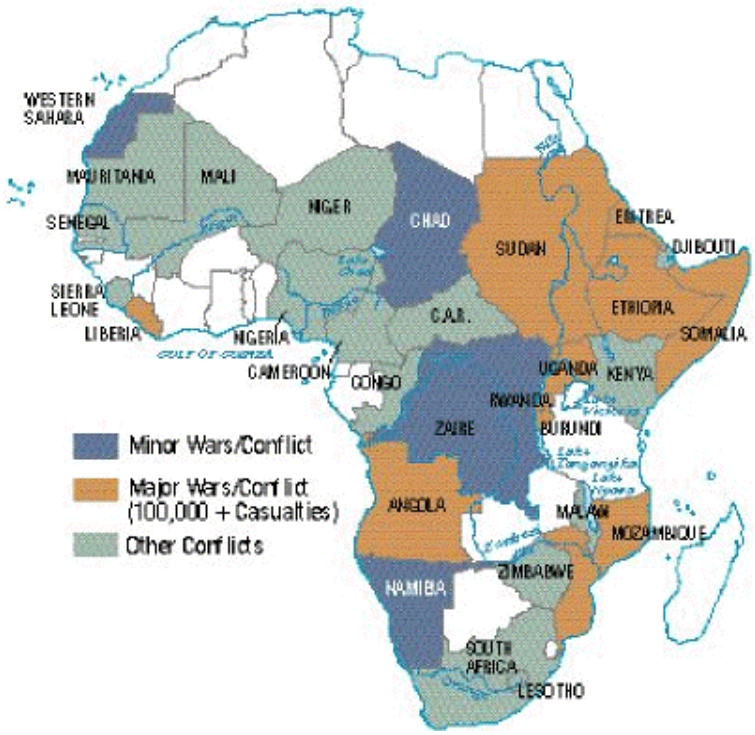
2.3 The emerging nature of conflict

Throughout the world, the last two decades have seen the conduct of conflict change, and increasingly involve civilian populations.

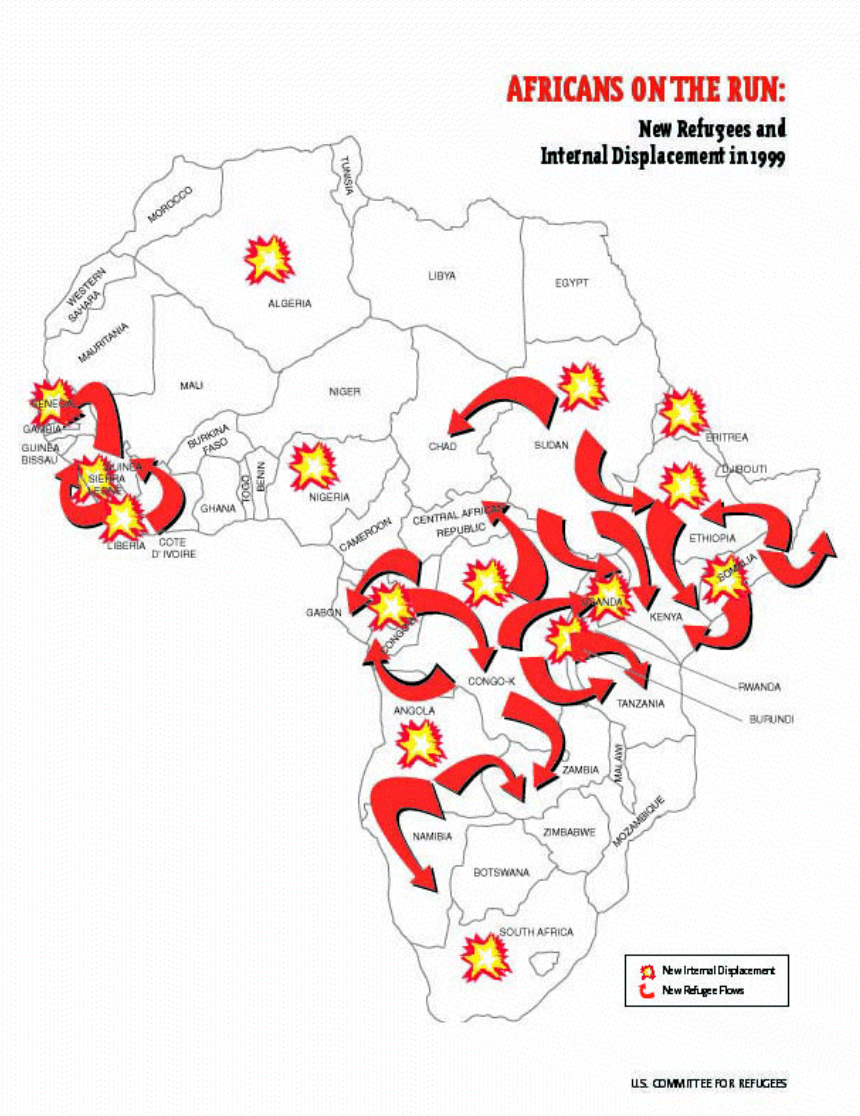
Nowhere has this been more evident than in Sub-Saharan Africa, where conflicts prompted by nationalism, ethnic and religious hostility have become increasingly frequent, disruptive and bloody. In 1999 over half of the world's conflicts were concentrated in Sub-Saharan Africa, actively involving 75% of the countries in the region (IISS, 2000).

The intensity and broad base of these conflicts has damaged and changed the social fabric of many societies in profound ways. Not only have they produced high mortality rates, but they have also prompted massive forced uprooting and displacement of people, in many instances altering the demographic profile of countries and regions. Many of them have also seen a growing involvement of non-regular troops and militias whose presence has been difficult to manage in peace negotiations and whose implication for future stability in Sub Saharan Africa remains unpredictable.

Conflicts in Africa



Even countries not directly involved in these conflicts have been gradually drawn into them in a variety of ways. Some have been called on to provide peacekeeping forces to multilateral and bilateral efforts. Others have had to accommodate the millions of people displaced across borders as well as in their own countries. In total, 30 million people have been displaced at one time or another over the course of the last twenty years in Sub Saharan Africa. Although many have been able to return to their homes, millions are still living as refugees.



2.4 Military spending

Although global military spending has declined since 1987, the situation in Africa has been less clear. According to 1996 World Bank figures, military spending fell from US$3.2 billion in 1987 to US$297 million in 1994. Other data, however, suggest that the escalation of armed conflict in Africa resulted in an increase (for the second successive year) from US$9.2 billion in 1997 to US$9.7 billion in 1998 (IISS, 2000). Additional support from other parts of the world in terms of military hardware and direct financial contributions may have helped sustain these high levels of military spending (IISS, 2000). While a high rate of military spending does not necessarily indicate over-spending, Annex 1 presents military spending as a percentage of 1997 GDP, and includes a side-by-side comparison with 1998 ranking on the Human Development Index. Certainly, military spending in its current form does not contribute to improvements in the indicators measured by the HDI.

2.5 Regular and irregular forces

The region has also witnessed a substantive increase in irregular or non-government armies involved in internal conflicts. These armies and militias have been active in many of the recent wars, but because they are irregular and highly transient in time and place are more difficult to measure. It remains difficult to determine how many people are involved, who they are, and where they are located. What is clear is that militias and non-regular forces have become more common and that they have assumed new forms and practices, including the recruitment and/or forced conscription of children.

2.6 Children in the military

In 1999 over 300,000 children were estimated to be "in uniform" and to have been at one time or another actively involved in conflicts (UNICEF 2000) in the region. In the conflict in Liberia almost 25% (20,000) of the combatants were children (UNICEF 1996). For a variety of reasons, child soldiers present difficult challenges for demobilization and social re-integration into civil society. They are exposed to particularly difficult induction and socialization processes - including, on occasion, their forced participation in homicides and mutilation of family and friends. Children's capacity to fully recover from these atrocities is, as yet, unknown. As more children are orphaned by AIDS, their risk of being recruited into armed forces presumably increases - another example of the intersection between conflict and the spread of HIV/AIDS.

3. CONFLICT AND HIV/AIDS

Conflicts and complex emergencies have almost certainly contributed to the spread of HIV/AIDS, although the mechanisms are not well understood.

3.1 Social disorganization and the risk of HIV/AIDS

Both conflicts and complex emergencies provoke (both directly and indirectly) a type of social and demographic disruption that places people in situations where the risk of HIV/AIDS (as well as other health problems) is heightened. The violence, family disorganization and uprooting caused by conflicts and complex emergencies often require that survivors develop new coping strategies that can at times involve high-risk sexual relationships. People find themselves alone, insecure and in need of emotional support, conditions that often leads to sexual relationships.

3.2 The risk to women

In many refugee movements women far outnumber men which means poor protection and an even greater risk of sexual violence and harassment. Recent conflicts have highlighted the high level of sexual violence and rape that occurs in these contexts and the extent to which women and girls are placed at risk of reproductive health problems, including sexually transmitted

infections and HIV as a result of rape[5]. Sexual violence, moreover, is not restricted to the period of conflict, and has become increasingly commonplace in refugee camps and other so-called "safe havens" where it continues to be committed by other refugees, camp staff and military personnel (Carballo and Singh 1999).

4. THE MILITARY AND HIV/AIDS

For a variety of reasons, military personnel the world over, are at higher risk of sexually transmitted diseases (STDs) than their civilian counterparts, and in some cases rates of STDs in the military are 2 to 5 times higher.[6] There are a number of factors that may help to explain this phenomenon.

4.1 Risk-taking environments.

Soldiers are typically young and sexually active. They are also often single, usually male, and in some military forces are actively discouraged from marrying while enlisted. Postings away from the social environments they are most familiar with mean being away from partners and families and being more likely to develop/adopt behaviors that expose them to HIV/AIDS as well as other STDs. Peer pressures in the military and the influence of more generalized macho “military cultures” often reward sexual, as well as other, risk-taking. This is especially so when soldiers are posted abroad in high stress situations. STD rates in the US military, for example, are estimated to have risen by a factor of as much as 50 during periods of war engagement .

4.2 Education

Although it is not clear that education is a critical variable in determining the risk of HIV/AIDS (Demissie et al., 1996), conscription into the military in poor countries often means that many of the lower ranking personnel are poorly educated. Their awareness and knowledge about STDs and HIV/AIDS and how to prevent them may be limited hence the opportunities of “reaching” them with advice may be more difficult.

4.3 HIV/AIDS

Not surprisingly, there are often wide discrepancies between military and civilian populations' HIV/AIDS prevalence rates. In 1993, when 6.2% of the personnel in the Cameroon armed forces were reported to be infected with HIV, the comparative prevalence in the civilian population was still estimated at only 2% (S. Kingma, 1996). Similarly, in 1995 the prevalence of HIV among military personnel in Zimbabwe was 3-4 times higher than it was in the civilian population (UNAIDS, 1998). Since then the situation is thought to have become worse for all groups, and in Southern Africa military authorities have reported HIV prevalence rates of 20-40% and even as high as 50-60%

[5] In Rwanda it is estimated that more than 200,000 women may have been raped.
[6] The risk of becoming HIV-infected from a single exposure is, for instance, increased 10 to 300 fold in the presence of genital ulcer (UNAIDS report, 1999).

(Yeager). Stuart Kingma (1996) estimates that 34% of all deaths among active duty military personnel in the Congo were AIDS-related and that another 35% of deaths may also have been due to the disease.

5. PROJECTED TRENDS

Although some inroads now seem to be underway in the prevention and control of HIV/AIDS, for example in Senegal and among urban educated young women in Uganda, the overall picture for Sub Saharan Africa remains bleak. Projections suggest that the HIV/AIDS situation could continue to worsen in the absence of massive and innovative investments in prevention and control initiatives, and even if such investments were to be forthcoming, their full impact would be delayed (CIA, 2000).

5.1 Rapid spread and initial response

The speed with which the pandemic spread to all sectors of Sub Saharan African society would probably have been difficult to contain under most circumstances. Today it has become the main cause of morbidity and mortality in many of the countries in the region. While the pandemic spread rapidly, the response to the pandemic by national authorities was late in coming. Throughout the region health and other authorities initially gave the problem low priority and in some countries there was a tendency to both deny the magnitude of the problem and argue that other health issues should take equal if not greater precedence. In part the denial of the pandemic was possibly abetted by the combination of poor national surveillance capacities and the often highly dispersed nature of the populations concerned. However, the lack of political commitment to confronting the problem probably played the most important role.

5.2 Population movement

The pace and scope of migration in much of Sub Saharan Africa has also been a major complicating factor. Few other parts of the world have experienced as much disruption of communities and movement of people as a result of migration. Voluntary and forced movement of people has grown rapidly in recent years and made the planning, targeting and financing of health interventions in general very difficult. At the end of 1999 over a half of the entire world's internally displaced people and refugees were located in Africa, especially south of the Sahara. In addition, the heavy migration from rural to urban areas has had serious demographic, social and health consequences for rural communities as well as for the cities that have been unable to absorb migrants economically or provide them with the health and social services they need.

5.3 Weak infrastructures

An equally important drawback is the fact that even when there have been attempts to establish national interventions to prevent HIV/AIDS, these initiatives have often been hampered by weak national infrastructures unable to provide the support needed to sustain these activities. Many of the interventions concerned have thus been short-lived or have been limited to the most accessible populations in cities. On the whole, external funding has also been intermittent and many of the agencies and NGOs involved in HIV/AIDS work have also been unable to ensure continuity of their prevention initiatives.

6. DEMOBILIZATION

As Sub-Saharan countries move in and out of conflict, or attempt to appeal to international donors for aid in developing their economies, the management of the military sector assumes increasing importance. Growing social, economic and humanitarian instability in many regions of the world, including Sub Saharan Africa, has prompted international donors and agencies to make post-conflict reconstruction dependent on reducing national investments in the military, downsizing military forces and demobilizing troops. This has been the case in Mozambique, Uganda, Namibia, Ethiopia, Cambodia, Bosnia and Kosovo, where demobilization was a key condition of post-conflict aid. Additionally, as peace agreements are negotiated in still-chaotic post-conflict countries, the potential for disruption from irregular ex-combatants must be minimized.

Demobilization has become an integral theme of peace negotiations and the reconstruction efforts that usually follow. Demobilization, however, is only one part of post conflict actions that can also involve demilitarization, disarmament, and downsizing as well as reintegration of ex-combatants into civil society. The paragraphs below describe the key components of each term.

Demilitarization: Demilitarization, as used in the DDR arena, essentially involves the removal of military hardware and personnel from a nation and/or region. This may or may not include the specific demobilization of troops.

Disarmament: Disarmament refers to the physical collection of the weapons held by warring parties. The control of heavy and personal weapons is usually the first step in war-to-peace transitions and it is generally accepted that all “surplus” weapons and equipment must be destroyed or closely controlled before further negotiation steps are taken.

Downsizing: Downsizing refers to the reduction in military expenditures and the size and capability of military forces. Downsizing is an increasingly required or recommended condition of international loans, and is typically conducted as a "conversion" of military resources into and for civilian benefit.

Demobilization: Demobilization in its most general form involves reducing the number of uniformed personnel in national (government) armies. Where irregular armies and militia are concerned it usually means their disarmament and then their

disbanding. Because it can be politically, economically and socially complicated, the process of demobilization is typically proposed and carried out as part of broader initiatives and goals[7] and, as outlined earlier, is usually undertaken under multinational military leadership. Demobilization need not include demilitarization, and indeed in some cases military personnel are consolidated into other armed forces or are moved into private security forces and standing reserve forces.

Re-insertion: Re-insertion (also referred to as re-integration or re-settlement) is designed to facilitate the return of ex-combatants to civilian life, and is primarily a civilian-managed undertaking. Although skills acquired in the military are usually transferable to the civilian job market, experience has shown that most ex-combatants require a degree of financial and social assistance in readjusting to civilian life. Re-insertion programs therefore often include both short-term benefits as well as long-term training and tend to target the families or dependents of ex-combatants.

7. ORGANIZATION OF DEMOBILIZATION AND RESINSERTION INITIATIVES

Demobilization and re-insertion of ex-combatants is a complex process where organization and management involves a number of "actors" and sources of support.

7.1 Initial requests

Except in instances of total state failure, initial requests for international assistance with DDR tend to come from national governments to international agencies, most frequently the United Nations. In recent cases the World Bank has also been approached for assistance. Most nations at war fail to meet World Bank requirements for standard monetary assistance, but special Bank mechanisms such as the Post-Conflict Reconstruction Fund have permitted resources to be mobilized and allocated (Coletta et.al, 1997). Other bilateral and multilateral donors have also managed DDR efforts.

7.2 United Nations

Immediate post-conflict activities have generally been assigned to the United Nations. Within the UN, different agencies can in principle assume leadership for selected demobilization procedures (generally operating through the in-country UN Resident Coordinator). Coordination activities have been less than successful in the past, and it is still not clear how some branches of the UN will or should coordinate their DDR efforts in order to avoid redundancy during demobilization procedures.

7.3 Standard practices, procedures and role assignment

[7] There are also other reductions in military force which are not always considered as demobilization such as ending, suspending or reducing conscription, modernization of the armed forces or the privatization of security, outsourcing of services, etc. (for more detail see BICC, Conversion Survey 2000, pp.113)

Many problems stem from the lack of a standard pattern of organization, hierarchy, or set of activities for demobilization proceedings. Even when the UN Security Council has sanctioned peacekeeping operations, there has been considerable in-country variation with respect to how demobilization activities have been structured and managed. In some instances agencies such as the World Bank Post-Conflict Fund has assumed the role of "lead agency". In others, responsibility for implementing major sections of DDR initiatives has fallen to international humanitarian NGOs such as the German GTZ in Ethiopia or to national bodies such as the Namibian Council of Churches in 1991 (Coletta et al., 1997). Bilateral donors assume responsibility for many aspects of DDR programs, but without any required coordination with other on-the-ground actors. Other situations have required the creation of local independent coordinating bodies such as the National Commission on Disarmament, Demobilization, and Reintegration in Sierra Leone.

7.4 Coordination

The roles and relationships between local and international non-governmental organizations vary with the unique needs created by each country's social, economic and political conditions. Irrespective of the need for flexibility, however, it has become increasingly clear that coordination of goals and management procedures is essential if demobilization is to be conducted successfully. This includes coordination with and of all military forces involved, including government militaries, irregular combatants, and multi-national peacekeeping forces.

7.5 Financing

Demobilization is an expensive undertaking and the costs are heavily concentrated at the beginning of operations. When peacekeeping is sanctioned by a UN Security Council resolution, funding for demobilization actions can be drawn from the assessed contributions of countries and allocated to the UN Peacekeeping Account. Other funding sources include Trust Funds established through the UN Security Council for the specific purpose of humanitarian action, parallel funding by bilateral donors, funds disbursed through sub-contracted NGOs, and national or regional contributions (ECHA DDR Working Group). Funding procedures for demobilization remain complex and are not centrally managed. Because demobilization requires rapid response capacities (including the expedient disbursal of cash or in-kind donations and flexible donations where, for example, government and banking infrastructures may have dissolved) the ability to produce rapid funding partially determines who will be the "lead agency". Experience suggests that many donors are reluctant to commit funds until the peace process is demonstrably secure, when in reality funding for demobilization exercises could be an essential bargaining tool during initial peace negotiations.

Weapons in Guatemala

Guatemala's internal conflict lasted over 36 years, and claimed more than 50,000 lives. The 1996 peace accords followed six years of negotiation between former combatants, the national Government, and the United Nations. Following the peace accords, 2959 of the 4360 former guerillas were demobilized, rehabilitated, and integrated into civil society during phased programs monitored by the UN. Simultaneously, the Guatemalan army was reduced to one-third of its peak size during active armed conflict.

Re-integration services offered included:

- literacy and vocational training
- temporary housing assistance
- land credits
- legalization of documents

The Guatemalan re-integration scheme is widely regarded as a success, even though weapons availability still threatens the personal security of the civilian population. Former guerillas formed an opposition political party, the Unidad Revolucionaria Nacional Guatemalteca. Oversight was provided by the UN, with primary financial support from the U.S. Government through USAID.

Sources: United Nations, "Workshop on Weapons Collection and Integration of Former Combatants into Civil Society: the experiences of Colombia, El Salvador, Guatemala, Honduras, and Nicaragua" New York, 1998.
Spencer, Denise. "Demobilization and Re-integration in Central America", Bonn International Center for Conversion, 1997.

8. WHO AND WHAT IS INVOLVED

8.1 Target groups

The process and the impact of demobilization should in principle involve a number of different groups. These can include ex-combatants drawn from national (government) and irregular (non-government) armies, guerrilla forces and local militias. In Sub-Saharan Africa child soldiers have become an increasingly important military resource (especially for irregular forces) - accordingly they have become an important target of demobilization initiatives. Demobilization inevitably also affects the families and communities that ex-combatants return to and in some instances may also involve refugees and internally displaced persons. Still, attention in most demobilization initiatives has tended to focus on ex-combatants themselves.

8.2 Special needs

Military forces are not homogeneous in their recruitment or structure. Nor is the experience of all soldiers during their military careers necessarily the same. Accordingly, demobilization interventions for military personnel have to be designed and delivered according to any special needs and/or differentiating characteristics. For the most part demobilization activities tend to be differentiated along lines of rank, age and gender, but injuries, physical

disabilities and general health status are also given some special attention. To date, there is little evidence that HIV/AIDS has been highlighted as a routine part of any DDR programs targeted at special populations - there has, however, been increasing awareness of the risks for peacekeeping forces (see box below).

Peacekeeping Forces and HIV/AIDS. Peacekeeping has become an important role of military forces from many parts of the world. National armies are being increasingly requested to contribute personnel to multi-national, and in some cases, bi-lateral action in warring and post-conflict situations. HIV/AIDS prevention has begun to receive increasing attention in the case of this "special needs" population - research findings in this area may give indications of general trends in international military forces.

Type and duration of posting. Just as in the case of other troops, peacekeepers are young and primarily male. Posting them in high stress situations, as well as their distance from partners and "domestic" environments places them at higher vulnerability of exposure to high-risk sexual contacts. They are also often assigned for long periods in the field. Nigerian peacekeeping troops, for example, were reported to have been in field posts for up to 3 years without rotation, and in situations where they came into contact with displaced and disorganized populations whose risk of health problems in general was high. (SOURCE)

Relative economic status and commercial sex. Because military personnel in many field postings are also expected to be better paid than local people or the displaced populations they come into contact with, they quickly attract commercial sex activity. A 1998 UNAIDS report, for example, noted that over a period of 5 months 45% of Dutch military peacekeepers in Cambodia said they entered into sexual relations with commercial sex workers (UNAIDS, 1998).

Women peacekeepers. Although women are usually not as numerous in military or in peacekeeping forces, it is important to bear in mind that when they are deployed, they are exposed to the same, if not even greater, pressures as men to enter into casual sexual relationships. Because women are also more susceptible to HIV transmission through sex with infected partners, they are at especially high risk in peacekeeping and other military situations.

Peacekeepers and HIV/AIDS prevention. The need for HIV prevention education to be provided to international and regional peacekeeping forces has been recognized by the UN Security Council, the UN Department of Peace Keeping Operations (DPKO), the United States Defense Department and the Centers for Disease Control. The DPKO has recommended that military personnel infected with HIV and/or other STDs should not be deployed to peacekeeping operations and that all militaries supplying peacekeepers should receive standardized guidelines and training on prevention and control of STD/HIV infections. Once in the field, however, asymptomatic HIV-seropositive UN peacekeeping personnel are not necessarily repatriated but

those with symptoms of AIDS are returned home (UNDPKO, 2000). In July 2000 the United States of America also introduced a resolution as adopted in the UN Security Council asking all states that contribute peacekeeping troops to provide training on STD/HIV prevention. The resolution also suggested that mandatory testing be provided to all peacekeeping personnel, but because of cost and ethical reasons the resolution did not ask for mandatory testing (Washington Post, 7 July 2000). In addition, the African Crisis Response Initiative (ACRI), a Presidential Initiative managed through the US State Department, has incorporated HIV awareness and prevention into all training programs of African peacekeeping forces (albeit mostly through the comparatively ineffective means of prepared lectures delivered to large audiences).

8.3 Planning and Implementing demobilization and reintegration

Ideally, DDR activities will be conducted in phases, carefully planned in a rational manner. From the perspective of both program design and administration there are benefits to be accrued from allowing the content and timing of demobilization and reintegration programs to be adapted to the changing nature of local/national security, emerging political and economic needs, and donor involvement and goals. Obviously, the luxury of advance planning and careful phasing is not always available during immediate post-conflict activities, but efforts should be made to follow a logical order of activities. Annex II summarizes the types of activities that have been covered in the process of demobilization and re-insertion.

Planning. Planning of post-conflict demobilization (again, ideally) begins during the latter stages of conflicts and before the start of negotiations. To the extent possible and in order to create a sense of "ownership" of, and confidence in, the resultant decisions and policies, planning should include all the parties concerned, receiving communities as well as military staff. The involvement of donors at an early stage is essential given that demobilization is costly and calls for consistency and continuity of long-term support. Coletta et al (1996) and Kees Kingma (2000) propose that planning should include the early identification of potential beneficiaries using characteristics such as age, sex, rank, level of education, work experience, place of origin, and family background. They also propose that special health and education needs, as well as employment potential and aspirations should be taken into account, but they do not specifically mention HIV/AIDS.

Evaluating needs. Assessing what ex-combatants will need for a successful reintegration is an essential part of the overall process of demobilization and re-insertion. In post-conflict situations most of the information that is needed can only be collected at different points along the process. Information such as on the economic and household characteristics of the region ex-combatants are to be re-inserted in can be compiled as part of designing the transitional safety nets typically required in demobilization. Assessments should also cover the social (including attitudes of "receiving" communities) and geographical areas (urban and rural) that have the greatest potential to absorb and accommodate demobilized personnel. This allows organizers to

plan for re-absorption - for example, there can be a "matching" of the health and education facilities in the areas of proposed re-insertion with the needs of ex-combatants.

Peace negotiations. Peace negotiations typically involve discussions about how and at what pace disarmament of troops should/can take place, the timeframe for downsizing, and security provisions for disarmed combatants. Although cease fire and peace negotiations should be precursors to demobilization, negotiations sometimes continue during the phase of demobilization when they may need to address issues such as numbers of combatants to be demobilized and how combatant status and/or eligibility for benefits should be determined.

Organization. How demobilization programs should be organized is generally a question left to neutral institutions such as the United Nations and regional multinational bodies. Their role is primarily to plan and coordinate all the parties involved, including donors, NGOs, warring parties and governments. After a certain time has elapsed it may be possible for international agencies to hand over this function to national authorities but there is invariably a period when this is neither possible nor desirable. In some instances, however, such as in Uganda, Ethiopia, and Eritrea the initiative for demobilization came from the national governments themselves, that may set up special operational organizations and solicit international donor support to finance the operations of these structures. No matter what form demobilization initially takes experience suggests that centralized operations should be gradually balanced by decentralized authority delegated to community based groups that have greater access to beneficiaries and a capacity to distribute benefits while making programs more responsive to local needs.[8]

Cantonment. Cantonment is the first operational step in the process of demobilization. It involves bringing together the combatants to be mobilized in areas where they are processed according to the terms that have been negotiated between the parties to the conflict. In some cases combatants are simply requested to report to assembly and cantonment centers for the primary purpose of registration, disarmament and issue of documents such as non-transferable identity cards. In other cases the procedure involves rounding up combatants and bringing them to cantonment areas. Cantonment usually proceeds at a pace dictated by the status of the national or local political situation, the level of security that can be ensured to combatants, the evolving cost of the operation and the availability of funds. Short cantonment has been shown to prevent escalation of violence and reduce the risk of health problems, but it also narrows the window of opportunity for preparing combatants for re-entry into civilian life.

The response by communities to ex-combatants was mixed. At first they were often received with apprehension, fear, prejudice and sometimes antagonism. To counter this the UVAB began a series of community activities designed to

[8] See, for example, Lessons Learned Section in Findings, Africa Regional, Nr. 12, January 1997 Best Practices Infobrief, World Bank

sensitize community leaders to the needs of veterans and the benefits to society of their integration. In addition a radio program was established to provide information to the community and veterans about the VAP program (Kazoora, 1997 and Coletta et al., 1997).

Community Response in Uganda

After the defeat of the military opposition in 1991, the Ugandan government decided upon the suggestions and recommendations of the World Bank to cuts its military expenditure and to initiate a program of demobilization. Of the total of 36,358 soldiers demobilized, 38% were discharged because their services were no longer required, 26% were discharged on medical grounds and 25% left voluntarily.

First, a profile study of the National Resistance Army (NRA) was conducted to generate demographic, educational, employment, land-ownership, job-skills profiles and identify people who would benefit from specific programs. In order to move the process forward, the Uganda Veterans Assistance Board (UVAB) was set up under the auspices of the Prime Minister and given responsibility for the Veterans Assistance Program, which carried out the demobilization, resettlement and reintegration of ex-combatants and their families. Decisions about who would be eligible for demobilization were left to military authorities and they were also given charge of all internal logistics and disarmament. The UVAB appointed District Veterans Program Officers to facilitate administration on the local level.

Prior to discharge ex-combatants and their dependants were briefed, and they were provided with details on such points as how to open a bank account, how to start income generating activities, environmental and legal issues, family planning, AIDS awareness and prevention. After discharge, veterans received a "settling-in-kit" that provided them with shelter, food, clothing, transport, medical care in cases of severe need, education for children and cash benefits for an initial six months period.

Preparing for transition. The transition from cantonment and into communities requires that ex-combatants be provided with advice about their rights and obligations. In most situations this has involved providing job counseling and skills training. In the case of child soldiers whose numbers in recent Sub Saharan conflicts have grown significantly, cantonment and preparation for transition to civil society has necessitated assessing their psychosocial profile and needs, and then providing initial counseling and support. Although there are few details on the content of the different procedures that have been followed, medical assessments and provision of care - especially for people with disabilities and special needs – have been called for in most demobilization activities.

Receiving communities. Re-insertion of ex-combatants is a highly sensitive process and the communities into which ex-combatants and their families are expected to return need not only to be prepared, but also, in some cases, encouraged to receive demobilized personnel. This is particularly so where there is animosity towards the military as was the case in Uganda (see below) and elsewhere where combatants may have been linked to atrocities. Re-

insertion should therefore stress the participation of the communities designated to receive ex-combatants in planning and decision-making about who, how many and when ex-combatants will be re-inserted. Community participation in project design, particularly on such issues as land distribution and allocation of otherwise scarce resources has been important in facilitating the acceptability of programs. Coletta et al (1996) refer to the need for carefully networking ex-combatants with their social environment to effect "successful reintegration" call for community participation before and throughout the duration of the project. In this regard, support and incentives are sometimes provided to communities in terms of financial and/or in-kind assistance.

Insertion and re-insertion[9]. Re-integration is usually divided into two main components: (i) transition or short-term reinsertion, and (ii) longer term integration into civil society.

Transition or Reinsertion/Resettlement[10]. After leaving assembly areas and transit centers ex-combatants and their families are generally transported to their home districts or other areas. They are sometimes required to attend post-discharge orientation upon their arrival. To date reinsertion has been given little attention in terms of what are the best support mechanisms for it. It has nevertheless been suggested that economic assistance to veterans should be consistent with the aims of the reintegration program and not exceed the average income of people in the region (Kees Kingma, 2000).

Resettlement assistance. During initial resettlement (several months to 2 years) veterans and their dependants often require assistance with basic necessities such as shelter, medical care, food, civilian clothing, household items, cash-disbursements, vouchers (for medical care and school fees for the children) and in kind assistance (housing material, food, clothing, transportation or agriculture kits).

Re-insertion "from victims with needs to survivors with capabilities". Incorporating ex-combatants into civilian life and facilitating their and their families' economic independence is a process that has a number of social, economic and political components. A recent BICC Survey (2000) observed that people cannot 'be reintegrated' into civil society, but rather have to find their own way into civilian life.

[9] The term reintegration generally refers to the re- integration of ex-combatants into their community of origin. However, many demobilized soldiers do not resettle or re-integrate into their former communities either because these communities do no longer exist or are dispersed, or having committed serious crimes, they may not be able to return.

[10] Kingma uses the term resettlement while World Bank publications refer to reinsertion arguing that the term reinsertion may create the impression of a top-down approach rather than viewing it as a process in which people find their place in which they want to integrate or re-integrate (Kees Kingma, 2000, p.27).

Social reintegration. The process of making ex-combatants and their families feel part of, and accepted by, the communities that receive them can be complex. The success of social integration may depend in great part on the history of the war, how it was conducted, if atrocities were committed, and the degree of reconciliation achieved. In Mozambique many ex-Renamo fighters were compelled to resettle in regions other than where they came from because they were associated with atrocities that had been committed (Kees Kingma, 2000). Community attitudes to and perceptions of ex-combatants are thus an essential element in the design of reintegration.

Psychosocial reintegration. The psychological adjustment of ex-combatants is crucial to the process of integration. Ex-combatants may be suffering from psychosocial problems including PTSD. This is particularly critical in the case of child soldiers who have been socialized into war environments through the use of intimidation, brain washing and depersonalization. They may have little education and be seriously traumatized. The integration of female combatants poses additional challenges but with the exception of Eritrea few reintegration programs in Africa have given much consideration to their special needs.

Economic re-integration. Economic re-integration often presents the most difficult challenge especially in poor countries with high unemployment. Most programs have focused on creating new employment opportunities, enhancing opportunities for self-employment and providing credit schemes for ex-combatants and their wives who may already be involved in income generating activities. In Uganda small loans were provided to veterans, their wives and widows at low interest rates (40% of the funds were allocated to women's projects). Micro-business training included training of ex-combatants and their wives in record keeping, accounting, group dynamics, project proposal writing, loan management and gender issues (Kazoora, 1997).

Benefits and Information in Mozambique

In Mozambique the demobilization efforts responded primarily to the prevailing preoccupation that ex-combatants could potentially represent a threat to peace and aimed to disperse veterans as rapidly as possible and to engage them in economic activities.

The demobilization package in Mozambique consisted of 6 months soldiers pension in a lump sum when leaving the cantonment areas (65-90 $ per month) to help with resettlement expenses (paid for by the government), agricultural tools and seeds when leaving the cantonment areas, transportation to destinations, food for 3 months at their destination (WFP), 18 months pension disbursed bi-monthly at destination by local branches of a Mozambican bank (UNDP). Furthermore an Information and Referral Service (IRS) was set up in all provinces to inform and advise demobilized soldiers about opportunities available for courses and employment and to solve individual administrative problems. Ex-combatants were also given the opportunity to partake in skills training and were given access to funds for micro-enterprises and other forms of employment promotion (Provincial Fund and Open Reintegration Fund, managed by IOM and Creative Associates International, Medi, 1998a)

Re-absorption in Nicaragua

Nicaragua's efforts at demobilization were not as comprehensive as those in El Salvador and Guatemala: Nicaragua's peace accords did not develop a long-term plan for political, economic, and social reform that would fully address the needs of the majority of the population. The demobilization effort was uncoordinated, and lost credibility after several "false starts". Additionally, disarmament was incomplete, allowing an estimated 15,000 weapons to remain in circulation in the civilian population.

In the absence of coordinated donor response, the former combatants turned to each other for support, either informally or through personal connections with foundations or established organizations. However, these groups found themselves excluded from re-integration funding from the Nicaraguan Government, who were reluctant to fund "politicized" groups.

Programs were offered to ex-combatants included:

- vocational training
- micro-enterprise management training
- land grants
- cash assistance
- health exams
- psychological counseling

However, these programs did not systematically reach their target population. The demobilization of the Contras was intended to be "voluntary" - thus, identifying, assessing, and tracking beneficiaries proved nearly impossible. Again, delays in funding and poor in-country planning and coordination resulted in haphazard implementation. The country's economy was not able to provide opportunities for the demobilized combatants - there was a lack of general structural support for returning ex-fighters.

Consequently, many of the demobilized combatants ended up "remobilizing" as recontras (former contras), recompas (organized, armed groups of Sandanista soldiers) and reveuletas (a combination of both)

The resulting social insecurity prevented or delayed many potential economic development projects.

Sources: United Nations, "Workshop on Weapons Collection and Integration of Former Combatants into Civil Society: the Experiences of Columbia, El Salvador, Guatemala, Honduras, and Nicaragua". New York, 1999.
Spencer, Denise. "Demobilization and Re-integration in Central America", Bonn International Center for Conversion, 1997.

PART TWO

DEMOBILIZATION AND HIV/AIDS PREVENTION INTERVENTIONS

Given the infection risks associated with demobilized soldiers, it is rather surprising that very little HIV/AIDS awareness has been undertaken during DDR programs, particularly in the assembly phase. The opportunity to inform "captive" high-risk audiences of the dangers of AIDS should be seized. This section will review the specific opportunities for HIV/AIDS prevention during DDR activities, and conclude with policy recommendations for "next steps".

9. INTRODUCTION

The goals of DDR programs relate primarily to the need to guarantee security in post conflict situations. To date, health, specifically HIV/AIDS prevention, has not been addressed as a "security" issue, but that is changing rapidly. The UN Security Council has now recognized HIV/AIDS as an issue of both human and national security. Its omnipresence in Sub Saharan Africa is a key reason for the economic and social problems that the region is facing, and it is one of the most important determinants of falling human development indicators throughout the region. As such, it is surely contributing significantly to political instability and the incapacity felt by many people to plan for the future.

10. RATIONALE

International donor's commitment to “demobilization” and post conflict reconstruction offers an opening that must be taken if HIV/AIDS prevention interventions are to be aggressively implemented. Bringing about peace often involves commitments by the international community to the financing of compensation, rebuilding and peace building measures. Incorporating HIV/AIDS prevention into those activities requires STD/HIV surveillance and monitoring, formal training and peer-education oriented toward behavior change, public information-education-communication (IEC) campaigns, mechanisms for condom promotion and provision, voluntary HIV testing and counseling, and management of support and care for people affected by HIV/AIDS.

10.1 Cost-effectiveness

Bringing these different themes together under one financing umbrella could improve cost effectiveness. Many of the same international organizations are already involved and committed to both areas of work (demobilization and HIV/AIDS prevention). Under current organizational schemes, different sections of participating agencies and organizations are not working in a coordinated fashion, resulting in lost opportunities for effective intervention.

10.2 Agencies involved in demobilization related activities

As interest has increased in the dividends for social and economic development as a result of demobilization, so has the number and range of organizations and agencies playing an active role in promoting and managing demobilization. As mentioned before, although primary responsibility has continued to lie with the World Bank through its financing operations, many partners from within the UN system, specialized agencies and NGOs have also become involved.

The areas of interests and the responsibilities assumed by these have at times varied, and in some instances have crossed lines of traditional responsibility. Annex III highlights examples of the main areas of work undertaken by these organizations and groups.

Many of the organizations involved in demobilization activities are also active in HIV/AIDS prevention. To date, however, there have been few attempts either within and/or between these different organizations to rationalize their initiatives in a way that is likely to create coherent and mutually supportive approaches and investments.

10.3 United Nations

Most technical UN agencies have now included HIV/AIDS activities as part of their general programs. WHO, in particular, has led much of the fight against HIV/AIDS and was at one time responsible for the establishment of national programs throughout much of Sub-Saharan Africa. UNICEF has similarly given high priority to the problem, especially with regard to the health of children and women, and has been responsible for many of the initiatives being provided through maternal and child health activities. UNDP has made HIV/AIDS prevention a central part of its development activities and its support to countries in emergencies as well as its normal programs. UNAIDS, as the main coordinating body for all these and other activities, is responsible for providing direction, technical support and guidelines to countries, agencies and NGOs.

10.4 International organizations and multilateral donors

Within the World Bank, president James Wolfenson has stated that AIDS has now become a critical threat to economic development, the rule of law, and education in Africa (United Nations, 2000). He has also announced that the campaign against HIV/AIDS is the Bank's highest priority. The ILO has also acknowledged the importance of integrating HIV/AIDS prevention into its vocational training program. The framework for “ILO Action and AIDS” has significantly shifted the organization’s focus from protecting the rights of HIV positive workers to a more proactive stance on HIV/AIDS prevention in general.

10.5 Bilateral donors

Bi-lateral development bodies such as Gesellschaft fuer Technische Zusammenarbeit (GTZ), the Department for International Development (DFID), and SIDA have made HIV/AIDS prevention one of their priority areas and are financing government and NGO activities throughout much of Sub-Saharan Africa.

The U.S. Department of State (implementing agency for ACRI), for example, is charged with "developing and coordinating support from other nations and international bodies to raise the level of priority accorded HIV/AIDS and infectious diseases" (US Dept. of State, 1999). USAID also has a direct mandate to "achieve a sustainable reduction in HIV/STI transmission among key populations in developing countries, and to reduce the impact of the epidemic on individuals, communities, and societies in general" (US Dept. of State, 1999). The Global Bureau, the Center for Population Health and Nutrition, the Office of Health and Nutrition, and the HIV/AIDS Division of USAID are all responsible for developing program interventions and collaborating with other partners and most USAID Regional Bureaus have also developed HIV/AIDS prevention programs and strategies. The US Department of Defense (DoD) has acknowledged the military and security aspects of HIV/AIDS with its Tri-Service Military HIV/AIDS Research Program. The DoD conducts behavioral research and development together with surveillance on infection rates and HIV subtype patterns around the world, and is currently preparing HIV vaccine trials.

10.6 Potential contribution of the military

Including ex-combatants as staff, especially for outreach staffing has proven helpful in a number of demobilization exercises. In some instances elected representatives of ex-combatants have been instrumental in facilitating integration and also assumed leadership roles in the community or in the resettlement process. In Eritrea they administered the demobilization and reintegration process (BICC Seminar 95) and a World Bank report recommends that: "The support of nonpolitical informal networks of ex-combatants in the form of either loose discussion groups or economic ventures is desirable, because they can be key elements for both economic and social reintegration" (Coletta et al, 1996, p.23).

In Uganda it was observed that veterans showed a "strong feeling of comradeship, informing, helping, and counseling each other on an ad hoc basis". In many districts they formed groups to meet the challenge of reintegration by sharing experiences and counseling each other. Veterans also played an effective role in mobilizing communities by encouraging the sharing of skills. They served as pressure groups, facilitated the pooling of scarce resources (especially of the cash entitlements), promoted organizational and leadership skills, and promoted program sustainability.

Bolivia's Sentinels of Health Program

The Sentinels of Health Program of the Bolivian armed forces uses military conscripts as valuable resources in health promotion in remote parts of the country. Each soldier, or so-called sentry, is given basic health education covering areas of hygiene, nutrition, water safety, waste disposal, immunization, family planning, etc.

Soldiers are provided with a copy of a booklet produced by UNICEF, WHO and UNESCO entitled "Para la Vida". In the training AIDS, for instance, is called a "powerful, mortal enemy that directly attacks our defenses; it is a specialist in the art of camouflage".

Young soldiers are generally well known and respected in their home communities and have proven to be a successful mean to teach people who might otherwise not trust or believe outsiders. Once the young soldiers return to their home communities after the completion of their military service they register with the local authorities and receive an introduction to the local clinic, where they will become part of the health team (Becht, 1997).

In otherwise fragmented societies demobilized troops are often among the best-organized groups and therefore better able politically to put pressure on the governments for their demands. Veterans tend to form associations that in some countries are relatively vocal and important features of an emergent civil society such as AMODEG (Mozambican association of demobilized troops) (Cramer and Weeks, 1997).

10.7 Integrating HIV/AIDS prevention

The fact that so many organizations are involved in both post conflict demobilization, reconstruction and HIV/AIDS prevention creates an opportunity for the rationalization of human and financial resources. Comprehensive HIV/AIDS prevention programs would require major inputs, although probably far less than is currently spent per capita on beneficiaries in the negotiation and maintenance of peace, demobilization and economic reconstruction. Linking HIV/AIDS prevention to these activities, and indeed making it an integral part of them, could be highly cost effective.

At the same time, it would place HIV/AIDS prevention activities at the forefront of a political agenda that is supported by national and international bodies. It would also reach a population that is not only at high risk of the disease but that also has the capacity to benefit from and contribute to HIV/AIDS prevention within its own ranks and in the larger community.

The following table outlines the range of per capita costs of selected demobilization programs, illustrating the relatively high investments that have been made.[11]

DEMOBILIZATION COSTS				
Country	**Components**	**Total Program Costs**	**Total Program Enrollment**	**Per-Capita Cost**
Ethiopia[12]	Demobilization and Re-Integration	518,300,000 ETB/ 195,500,000 US$ (notes about exchange rates used in WB)	475,759[13]	1,089 ETB
Uganda[14]	Demobilization and Re-Integration	43,200,000,000 Ush/ 40,494,790 US$ (WB)	36,358	1,113,779 Ush/ 1,114 US$
Zimbabwe[15]	Demobilization and Re-Integration	Totals n/a	Totals n/a	+3,000 to 8,469US$
Nicaragua[16]	Demobilization and Re-integration	Totals n/a	Totals n/a	1,938 US$
El Salvador[17]	Demobilization Only	Totals n/a	Totals n/a	720.18 US$
Namibia[18]	Demobilization and Re-Integration	123,800,000N$/4 1,300,000 USD	32,570	3,790 N$

[11] In the absence of easily quantifiable success indicators, internationally comparable cost-benefit ratios of these programs are nearly impossible to calculate. Where indicators are available they are not necessarily comparable across different program segments within the same country. Success in one instance may be the result of external factors well beyond the control of the DDR implementors – political will, pre-conflict infrastructure, external economic conditions, etc. And without coordination of funding, even within a single DDR effort, the comparison of costs is of limited utility. Still, it is worth noting that to date, these programs have varied significantly in total program costs, and per-participant costs.

[12] Coletta et al., 1997 p. 102

[13] Excludes 21,200 OLF ex-fighters during demobilization phase.

[14] Coletta et al, 1997

[15] Dismissed, p.23.

[16] ibid

[17] United Nations, "Workshop on Weapons Collection and Integration of Former Combatants into Civil Society: The experiences of Colombia, El Salvador, Guatemala, Honduras, and Nicaragua" Nov. 1999.

[18] Coletta et al, 1997, p. 204

11. EMERGING CHALLENGES

11.1 HIV/AIDS and active military personnel

Rates of HIV/AIDS in the military no doubt vary considerably from one country to another and possibly from one military service to another. In general, the prevalence of infection is high throughout military forces in Sub Saharan Africa. Military personnel are at serious risk as a group, and when they are re-inserted into civil society they may also constitute a potential human vector threat. This is not to say that all military personnel are infected or that they all practice the type of high risk sex that is likely to expose them to HIV/AIDS and other STDs, but the risks for this population are significant.

The challenges of HIV/AIDS prevention during demobilization is preceded by the challenges facing military authorities right now: how to reduce the risk of continuing exposure to HIV/AIDS while men and women are still in the military. Attention to reducing infection in current military forces will facilitate low levels of HIV/AIDS risk once military personnel are demobilized and re-inserted into civilian communities.

11.2 HIV/AIDS and community

The context of DDR activities must be considered when trying to prevent new HIV/AIDS infections. Military personnel before and after demobilization therefore need to be seen not only as people who may be in a position to infect civilian personnel but also as people who are themselves at risk of being infected by civilians. HIV/AIDS prevention programs must address the need to inform and educate military personnel of the dangers of risky sexual behavior in their relationships with civilian populations, as well as "protect" civilians from the risks posed by military personnel.

11.3 HIV/AIDS education and the military

Regular military forces present a number of advantages with respect to HIV/AIDS (and indeed health in general) education. For the most part they constitute a relatively fixed (in time), “captive” audience that is disciplined and used to instruction. Despite varying levels of education, they are trained to accept and internalize new information. Reaching military personnel with information, education, advice and counseling on HIV/AIDS prevention should in principle be not only feasible but also a worthwhile undertaking given that reaching them may also be a way of reaching the communities and civilians they come into contact with.

11.4 Life expectancy and impending care needs of military

The fact that rates of HIV infection are already very high in the military raises important questions about the possible future implications for their health care needs. Caring for people with AIDS, especially in resource poor settings presents a number of problems with respect to accessing even basic and often palliative drugs and treatments. It also raises serious questions about the

extent to which families (that may already have been hit by the disease) and communities may be willing to commit themselves to caring for ex-combatants who may have been away for some time. Issues of how and to what extent military forces can extend financial support to families and communities providing care for demobilized personnel will need to be addressed.

Commitment to this principle is evidenced by the fact that a number of military forces in Sub Saharan Africa have already taken steps to ensure the livelihood of children orphaned as a result of AIDS-related deaths among military personnel.

11.5 Possible role of the military as agents of change

Re-insertion and integration of military personnel into communities raises important questions about the role that ex-combatants can play and the value the community attaches to that role and its contribution to community development. In Sub Saharan Africa where the resources that have typically been allocated to HIV/AIDS prevention have been limited at best and non-existent at worst, structured and externally financed demobilization of military personnel presents a number of opportunities for innovative and creative solutions. Because of their discipline and the possibilities of reaching them with education, attention deserves to be given to their possible role as agents of change. With sound training and follow up supervision, some demobilized military personnel could theoretically become agents of change and specifically agents of HIV/AIDS prevention. They could be trained to organize discussion groups, provide counseling, ensure marketing/distribution of condoms and assist in the community based surveillance of changing attitudes and behavior to HIV/AIDS that is so urgently needed.

11.6 Reintegration of irregular combatants

As indicated earlier in this paper, Sub-Saharan Africa has been characterized in recent years not only by a growing number of conflicts but also by the growing involvement of non-government forces and militias. Although the exact number of people involved in these irregular forces is difficult to determine, it is widely accepted that they now constitute a significant entity and represent a special threat to political stability in the region.

Not only are they difficult to define in terms of their numbers, but they are also difficult to reach administratively and geographically. They may lack the cohesiveness that is usually considered to be one of the advantages of working with regular military forces and their command structures may be very different and less well defined than those of government forces.

From the perspective of demobilization, irregular forces and militias thus constitute a special challenge. Their mobility within countries is such that in many cases they have lost contact with families and the communities they might otherwise be expected to integrate. Little is known about their educational background or about the type of training they may have received. Looking to them, as will be proposed below in the case of regular military

personnel, as a potential source of information diffusion and as agents for HIV/AIDS prevention is likely to be far more complicated.

12. OPPORTUNITIES FOR INTEGRATING HIV/AIDS PREVENTION

The multi phase nature of the demobilization process presents a number of opportunities in terms of timing and logistical arrangements for introducing HIV/AIDS prevention initiatives and providing or planning for care and treatment of people already affected by it. Although the situation with regard to demobilization of regular troops may differ somewhat from that of irregular troops and militias who may or may not fall under the overall jurisdiction (and capacity) of national and multi-lateral agencies and troops, many of the same principles merit consideration.

12.1 Peace negotiations.

Peace negotiations between warring parties usually cover a wide range of issues including territorial considerations, economic compensation and physical reconstruction of affected infrastructures.

Because HIV/AIDS interventions are not without their cost, either in terms of economic or human resources, and will increasingly have implications for economic and social development as well as reconstruction, peace negotiations may be an ideal time for raising this theme. By raising the issue of HIV/AIDS at this time it may also be possible to ensure that prevention and care initiatives are included in the planning and resource allocation process of international and national partners. It may even be possible to propose HIV/AIDS prevention and care initiatives as one of the conditions for reconstruction and post conflict aid.

In this regard, it should be noted that most military forces are now acutely aware of the problem of HIV/AIDS and are seeking ways of addressing it. Offering to do so through post conflict reconstruction may be an attractive formula for military leaders and indeed could become one of the incentives for cease fire and peace negotiations.

Uganda - Missed Opportunities

The Ugandan Veterans Assistance Board (UVAB) program (see also above) envisaged support programs for communities to cope with the integration of medically ill including HIV positive ex-combatants. In the initial phase it was planned to provide for testing, counseling (medical, social and economic) as well as treatment and support in kind.

As verterans should not be considered by the community as receiving preferential treatment, testing and treatment was supposed to be offered to civilians with similarly severe health problems. The World Bank report thus recommended that rather than creating parallel facilities and in order to esnure sustainability, existing capacities shoule be supported. However, despite the urgency of the problem, no NGO or international agency could be found to fund this component.

In a later stage a social communication package was to be developed containing *inter alia* the distribution of booklets on legal and health issues. The package aimed to raise public awareness of the problem and to also improve the image of the veterans. Two booklets are supposed to be distributed to all spouses of all veterans one on legal rights of women and the other on on health education focusing on AIDS, disease prevention and hygiene. Social drama and puppet theater are proposed as alternatives to the classical teaching method (Coletta et al., 1997, pp.273)

12.2 Cantonment

The assembling or cantonment of combatants presents a unique opportunity for introducing a number of activities pertinent to HIV/AIDS prevention.

The most obvious of these, although not without its' economic or social cost, is HIV antibody testing and counseling following all internationally accepted principles of voluntary participation and confidentiality. Cantonment should certainly be used to screen ex-combatants for STDs and to provide them with treatment. Cutting the cycle of STDs is one of the ways of reducing the risk of HIV transmission, especially if medical treatment is supplemented by intensive education, advice and counseling. Providing care for STDs may also be a way and a time for introducing the issue of HIV/AIDS, offering ex-combatants with the possibility of HIV testing and counseling, and providing IEC activities.

During cantonment health records can be established with reference to STDs (as well as health in general) and possibly HIV/AIDS. Creating a surveillance system based on health records is likely to be complex under the most ideal circumstances, but initiating a health record system during cantonment may be one of the ways of approaching surveillance.

Assembly/cantonment also constitutes a point during which knowledge, attitudes, beliefs and practices (KABP) surveys could be carried out in order to assess how combatants scheduled for demobilization perceive the problem of HIV/AIDS as well as other health and social challenges facing them and the communities they are returning to. By extension, this is a time when emphasis

could be given to providing intensive information and counseling about HIV/AIDS, other STDs and the responsibility combatants have to prevent HIV/AIDS and STDs in their families and communities. Linking this information to the information that is routinely given during cantonment on issues such as social integration and the provision of economic incentive schemes, could be especially useful.

Because of the importance of planning for the potential of HIV infection/vulnerability of ex-combatants, the assembly/cantonment period (depending on its duration) may be a point when links can be established with health authorities in reinsertion areas. This could help provide insights as to whether high-risk ex-combatants are moving into low, medium or high HIV prevalence areas and visa versa.

12.3 Discharge

The period of discharge, when ex-combatants are provided with reinsertion benefits, logistical, financial and other contributions presents another key opportunity for HIV/AIDS prevention activities.

Discharge typically involves providing ex-combatants with information about the locations they are moving to and could be the time at which they are provided with details about HIV/AIDS in the region, and the communities they are moving into.

12.4 Reinsertion

The actual process of reinsertion of ex-combatants into their communities of origin, or their insertion into new ones, is fraught with problems. The arrival of ex-combatants into both urban and rural communities is likely to present a threat to existing communities. From an economic point of view they may be seen as competing for scarce employment and scarce land and housing. From a social perspective they are often seen as strangers.

How ex-combatants are seen by the communities they are being re-inserted into is of critical importance especially with regard to their acceptability and their potential for reintegration.

Providing ex-combatants with HIV/AIDS prevention skills and presenting them as people with a capacity to serve the community with respect to HIV/AIDS education may be a way of making their reinsertion/insertion to these communities a more socially palatable process. If this is to be the case then training of ex-combatants to play this role must precede reinsertion/insertion and be undertaken ideally during cantonment and discharge.

This will depend on the timeframes available to these processes, but just as is the case with demobilization following peace accords, the importance of time flexibility must be stressed.

12.5 Reintegration

Like the reinsertion process, reintegration and its success will depend on how receiving communities view ex-combatants and the role they are going to play (positively and negatively) in the community. Many reintegration processes have typically included job generation and placement services including vocational and skills training. They have also included support for small enterprise building and for ensuring that ex-combatants become self-sufficient to the degree possible.

As in the case of reinsertion, reintegration offers a unique opportunity for presenting ex-combatants as HIV/AIDS prevention actors and as people who bring with them new information and skills in this area.

The implications of this, of course, are many. Not all ex-combatants are likely to be suitable for such a role. Some are unlikely to be sufficiently well educated, or interested in providing such a service. On the whole, however, the fact that ex-combatants, especially those coming from regular forces where training and discipline is stressed presents openings for intensive training of them to play such a role.

There is good reason to believe that training for small enterprise schemes could include social marketing of condoms including their warehousing, logistical management and distribution.

Eritrea/Ethiopia

The reintegration program of the World Bank's emergency relief and recovery program in Eritrea/Ethiopia focused on the needs of ex-combatants and their families. It included education, employment, health and housing. Most ex-combatants chose to return to rural areas to farm and many were assisted in obtaining land and credit. In some cases communities provided materials and labor for housing. Ex-combatants also received health support and some were offered vocational training. Donor aid included seeds, fertilizers, plastic tubing for coffee seedlings and vehicles for administrative capacity (Coletta et al, 1997).

The emphasis that has been given by a number of organizations to skills training suggests that HIV/AIDs prevention education could also be subsumed within training programs of this kind. In addition skills training oriented to providing ex-combatants with profile needed to serve as agents for behavior change could be useful and could possibly improve the employment potentials of ex-combatants.

For ILO short-term training in skills is considered to be relevant for employment absorption and is aimed at adapting training to current employment supply and demand needs. It has typically included training in construction, transport, communications, education, health and security. Skills training provided by the ILO have also included the provision of tool kits, guidelines on how to start up businesses and follow-up advisory services (ILO, 1997).

Mozambique

In Mozambique demobilization responded primarily to the concern that ex-combatants could represent a threat to peace and security. Attempts were therefore made to disperse veterans as rapidly as possible and engage them in economic activities that would reduce the risk of instability.

The demobilization package consisted of 6 months pension in a lump sum when leaving cantonment areas (65-90 $ per month) to help with resettlement expenses (paid for by the government), agricultural tools and seeds when leaving the cantonment areas, transportation to destinations, food for 3 months at their destination (WFP), 18 months pension disbursed bi-monthly at destination by local branches of a Mozambican Bank (UNDP). An information and referral service (IRS) was set up in all provinces to inform and advise demobilized soldiers about opportunities for skills training and were given access to funds for micro-enterprises and other forms of employment promotion.

13. BASIC REQUIREMENTS

The process of demobilization and re-insertion of ex-combatants, even under the most ideal of circumstances, presents a number of potential problems that need to be addressed in the conceptualization of demobilization.

13.1 Community

The first of these considerations is that demobilization never takes place in a vacuum. It involves many parties and it takes place in environments that are often changing and unstable for a variety of reasons. Many of the health and social interventions that have been proposed by the international community, and indeed by national authorities, have often neglected the basic unit of society, namely the community.

In the case of demobilization, communities have typically been exposed to conflicts and complex emergencies as victims. They are the ones that have felt the greatest mortality, morbidity and social/cultural insult. The nature of conflicts and complex emergencies in recent years has meant that communities have often been exposed to aggression by members of the same regions.

The fundamental objective of demobilization, which is to heighten security and re-insert ex-combatants in the communities they came from, is thus fraught with potential problems. Communities may still feel insecure; they may often feel antagonistic and resistant to the re-insertion of ex-combatants.

In an era of HIV/AIDS when it is becoming increasingly evident to people everywhere in Sub-Saharan Africa that great losses (personnally, familialy, socially and economically) are being experienced as a result of the disease, the possible association of ex-combatants with HIV/AIDS can only add to the insecurity felt by communities.

Planning of demobilization and of related HIV/AIDS interventions must therefore address the needs of the community as comprehensively as possible. Involving the community as early as possible in the process of planning for demobilization and the structuring of HIV/AIDS prevention is therefore of paramount importance. Community participation has been promoted in a number of international arenas and has proved effective in public health interventions throughout the world. WHO and UNICEF have actively promoted it and countries as distant as Guatemala and Indonesia have demonstrated how productive it can be.

A participatory approach to defining the needs of the community and identifying how, when and where best to re-insert ex-combatants must therefore be given highest priority by international agencies and by national authorities.

13.2 Participation of the military

The military is no different from any other "community". It has its own internal structure, its belief systems, its internal dependency and support systems. Engaging the military in the decision making process about demobilization and HIV/AIDS prevention is therefore just as important as it is in the case of civilian communities.

The experience of demobilization in Uganda, as described above, has amply demonstrated how important a role ex-combatants can play in the organization, administration, and on-going implementation of demobilization and re-insertion activities. Not to make use of this vital resource and not to involve them as an integral part of the decision making process would constitute both a misuse of their capacity and border on the unethical.

It is clear that the more they can be involved in defining their needs, identifying their options for action and participating fully in contributing to the community development process (which is what demobilization and HIV/AIDS prevention are all about), then the more successful demobilization and HIV prevention is likely to be.

14. CONCLUSIONS

At the beginning of the 21st Century Sub-Saharan Africa finds itself facing two main new challenges. The first and most important of these in terms of the mortality, morbidity and social disorganization associated with it is the HIV/AIDS pandemic. The second is the continuing political instability and the number of conflicts and complex emergencies that are occurring and re-occurring throughout the region.

The social and economic, as well as human, development of Sub-Saharan Africa is being fundamentally eroded and set back as a result of these two forces. The UN Security Council has referred to HIV/AIDS in Africa as a threat to international peace and security. Conflicts and complex emergencies have always been recognized as such. Seen together, and acting as they invariably do in a synergistic fashion, the

HIV/AIDS pandemic and conflicts/complex emergencies now pose a serious threat to social, cultural, human and economic security.

Interventions to respond to this crisis will need to be rapid, creative and flexible. They will also need to be concerted and consonant with the political will of national decision makers, communities, families, individuals and of course the military.

Despite its many complexities and challenges, demobilization is also replete with opportunities. The number of international organizations committed to HIV/AIDS prevention has increased dramatically during the course of the year 2000. So has the funding of activities in this area. At the same time, the need for reallocation of resources (human and financial) that otherwise would have gone to the military is being taken up by multi-lateral and bi-lateral donors and interested parties as one of their main policy objectives.

The combined resources these groups control overshadow anything that has ever been invested in health and social development. Applying them rationally to bring about greater human and national security through HIV/AIDS prevention and demobilization is the next task. Doing so will not be easy, but it is entirely feasible. A body of sound experience now exists in both the military and the civilian arenas. It should be used, tested further and incrementally implemented through national programs.

15. POLICY RECOMMENDATIONS

1. Demobilization and reintegration of ex-combatants is a crucial element in the successful transition from war to peace and ensuring national and regional security. It may also represent an opportunity for fiscal savings, allowing governments to shift scarce resources to urgently needed poverty reduction.

   Considering the high prevalence of HIV positive military personnel in many Sub-Saharan African countries and the challenges this poses, HIV/AIDS prevention programs should be integrated into demobilization activities. Donors and organizations currently involved in demobilization activities must therefore make HIV/AIDS prevention and control an integral part of their policy planning and programs.

2. For an effective HIV/AIDS strategy for the military, it is essential that interventions are already planned and implemented during peace-time and included in the training program of all military personnel. The activities should continue through the demobilization and reintegration process.

   Interventions should include awareness campaigns, information, education, counseling and care for HIV infected personnel.

   As part of this strategy voluntary HIV testing and counseling should be encouraged. Measures to ensure that testing is consistent with international standards of confidentiality must be reinforced.

The distribution of condoms must be facilitated and more proactively and routinely pursued.

3. Interventions should target all military personnel, their families as well as the communities to which they return. Interventions targeting non-regular forces pose particular difficulties, they are more difficult to reach and may have little incentive to participate. Further studies need to be carried out to cater programs to their particular situation and needs.

4. The demobilization of HIV positive military personnel or of those with AIDS related symptoms presents a number of challenges particularly with regard to their continued care and treatment. Currently, prevention efforts receive more attention within the military establishments than meeting the needs of those already affected.

   More emphasis and resources will have to be dedicated to meeting the needs of those infected and their families, to improve access to treatment and care. Long-term financial provisions should be included in demobilization/downsizing budgets.

   Partners and families of infected combatants/ex-combatants and communities of return should receive information and advice on how to avoid infection.

   Organizations supporting demobilization activities should be encouraged to provide resources to families, to orphans and widows of affected combatants and ex-combatants.

   An issue that may raise some controversy and impact on the relationship to civilian society is the question whether armed forces and their dependants should receive privileged treatment.

   These issues will need to be studied and addressed on a country by country basis and according to the resources available to the national health authorities and health budget of the defense ministries.

   There are inevitably questions about the extent to which investment should be made into HIV positive military personnel within the framework of demobilization and reintegration programs. From the human rights perspective, they should be afforded the same rights and opportunities as any other individual. However, military personnel with AIDS related symptoms may be better cared for by staying in the military and military encampments where they can have access to relatively sophisticated hospitalization and tertiary care. Again these are questions that will have to be answered on a country by country basis according to the resources available. Under all circumstances it is the human rights prerogative that must prevail.

5. Communities accepting returnees need to be sensitized towards the needs of ex-combatants and should be involved in planning and implementation of activities.

6. The possibilities of engaging military personnel as outreach workers for HIV/AIDS prevention programs should be further explored and their potential as agents of social change maximized. In many countries military personnel is relatively well educated, disciplined and forms a captive audience.

   Using military personnel as out-reach workers may also facilitate their reintegration into civilian life as it may improve their social status and reputation in communities of return.

7. While interventions may be costly, expenditures should not only be calculated with the demobilized individual in mind as the sole beneficiary. Rather, the benefits of the demobilization program on the entire community should be accounted for. Particularly if demobilized individuals are retrained as civilian educators, demobilization programs can be extremely cost effective socio-economic development investments.

8. As few attempts have been made to integrate HIV/AIDS prevention into demobilization activities, agencies will have to pay more attention to the development of technical skills, guidelines and training capacities.

ANNEX I: TABLE of estimated military expenditures

COUNTRY	Population	Total Armed Forces (active)	GDP (billion US$) 1998	GDP per capita (US$) 1998	Defense Expenditure (million US$) 1998	Per capita public health expenditure (US$) 1997	Total Health Expenditure % of GDP 1997	Human Development Index value and (rank) 1998
Angola	12,055,000	112,500	8.1	1,500	955	28	3.6	0.405 (160)
Benin	6,130,000	4,800	2.2	1,900	32	18	3.0	0.411 (157)
Botswana	1,657,000	9,000	4	6,000	256	133	4.2	0.593 (122)
Burkina Faso	11,809,000	10,000	3.2	1,000	80	12	4.2	0.303 (172)
Burundi	7,046,000	45,500	1.1	600	80	9	4.0	0.321 (170)
Cameroon	15,113,000	22,100	8.8	2,300	250	17	5.0	0.528 (134)
Cape Verde	459,000	1,100	0.237	2,200	4	38	2.8	0.688 (105)
Central African Republic	3,774,000	4,950	1.1	1,300	49	23	2.9	0.371 (166)
Chad	7,172,000	30,350	1.1	900	63	28	4.3	0.367 (167)
Congo	3,045,000	10,000	2.1	1,800	81	37	5.0	0.507 (139)
Cote d'Ivoire	16,508,000	13,900	12.6	1,700	119	22	3.2	0.420 (154)
DROC	48,000,000	55,900	5.5	400	364	1	3.7	0.430 (152)
Djibouti	733,000	9,600	0.416	900	21	35	2.8	0.447 (149)
Equatorial Guinea	513,000	1,320	0.447	2,700	8	51	3.5	0.555 (131)
Eritrea	3,994,000	180-200,000 (incl. 130,000-150,000) conscripts	0.820	400	292	13	3.4	0.408 (159)
Ethiopia	57,000,000	325,500	6.4	500	379	7	3.8	0.309 (171)
Gabon	1,473,000	4,700	6.1	5,500	132	130	3.0	0.592 (123)
The Gambia	1,200,000	800	0.417	1,200	15	24	4.5	0.396 (161)
Ghana	19,454,000	7,000	8.9	2,200	135	21	3.1	0.556 (129)
Guinea	7,426,000	9,700	3.4	900	61	30	3.5	0.394 (162)
Guinea-Bissau	1,174,000	9,250	0.278	1,000	15	41	5.7	0.331 (169)
Kenya	30,677,000	24,200	10.0	1,400	315	37	4.6	0.508 (138)
Lesotho	2,180,000	2,000	1.2	2,300	42	73	5.6	0.569 (127)
Liberia	3,500,000	N/A	1.2	1,000	45	22	3.0	
Madagascar	15,097,000	21,000	4.8	700	44	10	2.1	0.483 (141)
Malawi	10,819,000	5,000	2.2	900	26	29	5.8	0.385 (163)
Mali	11,200,000	7,350	2.7	600	53	15	4.2	0.380 (165)
Mauritius	1,180,000	(1,500 paramilitary)	4.5	16,000	87	152	5.6	0.761(71)
Mozambique	16,300,000	5,100-6,100	2	1,100	80	36	5.8	0.341 (168)
Namibia	1,834,000	9,000	2.6	4,700	92	161	7.5	0.632 (115)
Niger	10,337,000	5,300	1.7	800	25	13	3.5	0.293 (173)
Nigeria	113,000,000	94,000	49	1,300	2.1	10	3.1	0.439 (151)
Rwanda	8,480,000	37- 47,000	2	600	141	18	4.3	0.382 (164)
Senegal	9,442,000	11,000	4.8	1,900	81	40	4.5	0.416 (155)
Seychelles	73,000	450	0.367	4,700	11	358	5.9	0.786(53)
Sierra Leone	5,237,000	3,000	0.769	700	26	3	4.9	0.252 (174)
Somali Republic	6,300,000	Clan/movement in Somaliland12,900	0.853	1,200	40	8	1.5	N/A
South Africa	39,700,000	69,950	131	5,700	2,100	184	7.1	0.697 (103)
Sudan	32,194,000	94,700 (Sudanese People's Liberation Army 20-30,000)	7.9	1,400	385	9	3.5	0.477 (143)
Tanzania	31,977,000	34,000	3.8	700	143	22	4.8	0. 415 (156)
Togo	4,854,000	6,950	1.4	1,300	34	15	2.8	0.471 (145)
Uganda	21,640,000	30-40,000	7.3	1,800	226	17	4.1	0.409 (158)
Zambia	10,076,000	21,600	3.4	900	64	34	5.9	0.420 (153)
Zimbabwe	12,050,000	39,000	6.6	2,300	327	62	6.2	0.555 (130)

Source: Military Balance

GDP based on estimates of African Development Bank, 1998, HDI from Human Development Report, UNDP 2000, World Health Report 2000

ANNEX II: Components of Demobilization/Reintegration by phase

	ASSEMBLY/ CANTONMENT	DISCHARGE	REINSERTION	REINTEGRATION
FOOD SUPPLIES/ CLOTHING SANITATION	Food, water Civilian clothing Sanitation	Food supplements Household goods		
TRANSPORTATION		Transport to district of residence		
MEDICAL CARE/ COUNSELLING	Medical exams and medical care Health counseling	Medical care	Health care Rehabilitation programs for mentally and physically disabled soldiers	
HOUSING	Shelter	Housing support Financial, logistical and material support for housing construction or repair, including provision of construction materials		
LAND			Land Basic agricultural supplies (seeds/tools)	Agricultural extension services
INFORMATION/	Orientation on adjusting to civilian life	Information on living situation in district of residence		
ADVICE	Legal Advice			
FINANCIAL SERVICES/ CASH ALLOWANCES	Information on income generation Financial counseling	Reinsertion benefits	Credit schemes Wage subsidies	
EDUCATION/ ACTIVITIES	Basic education And leisure activities		Education for children	
TRAINING/ JOBS				Job generation Microenterprises, Job placement services Skills training
OTHERS	Information gathering/Census Discharge documentation			
CHILD SOLDIERS	Special Assistance	Rehabilitation programs		

ANNEX III: UN and other international organizations active in demobilization and re-insertion [19]

UN SYSTEM	
Organization	**Activities**
UN/DDA	Advocates for small arms collection and removal; provides technical advice on design of weapons collection
UN/DPA	Provides political leadership in pre-negotiations and negotiations of peace accords; focal point for peacebuilding in UN system; ensures that demobilization/re-insertion meet political objectives
UN/DPKO	Provides operational leadership on peacekeeping operations; responsible for planning, preparation, conduct, and direction of UN peacekeeping operations
UN/OCHA	Coordinates financing and implementation of humanitarian elements, including some aspects of reinsertion
OSRSG/CAC	Advocates for child protection during armed conflict; policy and technical guidance in design of demobilization plans
UNICEF	Promotes immediate demobilization of child soldiers; designs and implements programs for children leaving armed forces, family reunification programs, prevention of child soldier recruitment
UNDP	Develops and implements demobilization initiatives aimed at sustainable socio-economic reintegration of ex-combatants and their families; particular focus on communities of return
UNHCR	Reintegrates former child soldiers; prevents their recruitment; manages reintegration programs for entire communities, including ex-combatants; advocates for "human dignity" of returnees
ILO	Supports occupational and socio-economic integration of ex-combatants, job training programs
WFP	Supports process of cantonment, demobilization, and reintegration, through direct food aid for disarmed military and their dependents; provides transport, communication, and logistics support.
WHO	Provides public health advice in program design; ensures public health in cantonment areas, including epidemiological surveillance, health care delivery, including reproductive health and psycho-social care for soldiers and dependants; facilitates re-absorption of military medics into civilian health services
FAO	Resettles and reintegrates ex-combatants and supports target groups through agricultural assistance projects, including training
World Bank	Provides lead agency support in terms of technical and financial assistance to local governments in all aspects of post-conflict reconstruction and the activities that make this possible
IOM	Resettles and reintegrates former combatants; establishes and manages cantonment areas; organizes profiles and databases; provides transportation; promotes employment and provides reintegration grants project, establishes information, counseling, and referral services
GTZ	Provides overall scenario planning for demobilization and reinsertion; organizes consultancies to national coordination bodies; plans and implements encampments; registers; provides pre-discharge advice and orientation, transport, and settling-in packages; supports national reinsertion authorities
ICRC	Provides humanitarian support to people affected by conflict, including demobilized soldiers, and their dependants; organizes family reunification and tracing, and reinsertion
Agricultural and Industrial Development	Organizes and administers revolving credit funds, for example, in Ethiopia.
Namibian Council of Churches	Coordinates other local and international NGO efforts during cantonment and re-integration

[19] Table based on "Overview: DDR-Related Competencies and Experience of UN System Organizations and Some Key Implementation Partners" in ECHA, UNDP 2000, "Harnessing Institutional Capacities in Support of the Disarmament, Demobilization, and Reintegration of Former Combatants".

ANNEX IV: Recommended HIV/AIDS interventions during demobilization

Mobilization/ Active duty	**Assembly/ Cantonment**	**Discharge**	**Reinsertion/ Resettlement**	**Reintegration**
- HIV testing and counseling - STD and HIV prevention education - Expanded STD treatment - Addressing other vulnerability factors	- Medical exams/ emergency care - Testing and information gathering - Counseling - Care and treatment - Prevention/education interventions	- Medical care, exit testing and counseling - Advice on medical benefits - Distribution of HIV/AIDS information package, which could include condom distribution as a 'take-home package'	- Continued access to care, testing and counseling for ex-combatants as well as families and communities - Prevention education campaigns	
	Planning officials should identify civilian health resources in communities of return HIV-positive returnees and their families should be informed of these existing facilities			
Condom promotion including education and free or subsidized distribution during all phases to everyone				
Community interventions - all interventions should also target families accompanying soldiers, nearby refugees or IDPs, local sex workers - locally deployed peace-keeping forces should also be targeted - programs aimed at sensitizing communities of return (see Uganda) could include an AIDS awareness component (e.g. mass information campaigns, radio broadcasts)				
Participatory Approach - combatants and ex-combatants should be involved in program design at all stages - possible model could include one centralized agency which has decentralized community support groups (e.g. Ugandan Veterans Assistance Board)				
Peer Counseling and Education - should be initiated during active duty and expanded to the community during reinsertion/reintegration (see Bolivia's Sentinels of Health) - builds on strong peer relationships within military and therefore may enhance acceptance				
Health Infrastructure - Planning of a health infrastructure comprising both military and civilian resources (clinics, health benefits, care facilities) - Improving civil-military cooperation				
ENABLING FACTORS				
- military confined, homogeneous group - disciplined, highly organized command structure - esprit de corps	- large captive audience - initial contact with non-military organizations - availability of national and external funding	- could be linked to distribution of other benefits thus enhanced participation rate - increased involvement of the wider community and families - increased integration with civilian health resources		
POLICY AND OPERATIONAL CONSIDERATIONS				
Ethical/ Human Rights Considerations - testing, confidentiality of test results raises human rights issues - tracking, targeting, identification and possible exclusion from certain perhaps expensive reintegration programs of HIV positive ex-combatants poses serious ethical issues - High HIV prevalence rate may make exclusionary approach impractical, HIV positive individuals may not be incapacitated by their infection for a considerable period in which their human capital should be maximized - resulting stigmatization may raise certain security concerns, i.e. resort to violence as a result of social and economic disenfranchisement **Special Groups** - irregular forces may only be included for intervention programs from cantonment/assembly phases - Female ex-combatants and child soldiers may require specially designed interventions with reference to their increased risk at all stages				

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